

**HORRY COUNTY, SOUTH CAROLINA
PERSONAL PROPERTY RETURN [Form PR-26]**

TAX YEAR 2010

Based on status and ownership on December 31, 2009

Horry County Auditor's Office

1201 21st AVENUE NORTH
MYRTLE BEACH SC 29577
(843) 915-5054

Name/Mailing Address

New Annual Amended Final

Account #:	
Property Description/ Location:	
Real Estate MBP #:	
District:	

This return is only for the personal property at the above location.

IF PROPERTY HAS BEEN SOLD, SEE #1 ON INSTRUCTIONS PAGE!

MUST INCLUDE ORIGINAL SIGNATURE AND BE POSTMARKED ON OR BEFORE APRIL 30TH TO AVOID 10% PENALTY. FAXED COPIES CANNOT BE ACCEPTED.

SECTION 1: FOR RESIDENTIAL-TYPE PROPERTIES ONLY
(houses, condos, townhouses, apartments, etc.)

Street address of property: _____

Status of any furnishings you own at this location: (check one)

Fully furnished___ Appliances only___ Totally unfurnished___

If "Appliances only", check all that apply:

Stove___ Fridge___ Washer___ Dryer___ Microwave___

1. Is this rental/leased property or available for rent/lease? Yes___ No___

Date property became available for rent/lease: _____

Rental Agent: _____ Telephone: _____

If you rent but do not have a rental agent, please contact the Hospitality Fee Dept. at (843) 915-5220. You may be subject to Hospitality Fee and/or Business License requirements.

2. Is this income-producing property? Yes___ No___

3. Is this property depreciated on federal income tax? Yes___ No___

4. Is property owned by a Corporation, LLC or Partnership? Yes___ No___

5. Was this your primary residence as of Dec. 31, 2009? Yes___ No___
If "Yes", see #9 on reverse side.

IF ANY ANSWER TO QUESTIONS 1-4 IS "YES", CONTINUE TO SECTION 3. IF ALL ANSWERS TO QUESTIONS 1-4 ARE "NO", PLEASE PROCEED TO SECTION 4.

SECTION 2: FOR BUSINESSES ONLY
(hotel, motel, professional, service, etc.)

Street address of property: _____

Type of business activity: _____

Date business opened: _____

Please list any other name (corporate, D/B/A, etc.) under which you may have previously filed a personal property return.

Date business closed or sold: _____

PROCEED TO SECTIONS 3 & 4.

FOR OFFICE USE ONLY

AV: _____ Appr: _____ Date: _____

DOP: _____ DOS: _____ SF Furn: _____

BV: _____ Notice #: _____

NOTE: _____

SECTION 3: PERSONAL PROPERTY SUMMARY

Please attach a copy of your latest federal depreciation schedule and Form 4562 to support your values in A through E. Values reported must include fair market value of any furniture/equipment acquired at the time the real estate was purchased plus any subsequent purchases of furniture/fixtures/appliances/equipment.

**(Do not include the value of real estate.)
Furniture/Fixtures/Appliances/Equipment**

A	B	C	D	E
Original Cost/ Value at Acquisition	Accumulated Depreciation Since Acquisition	Net Book Value (A - B = C)	10% of Any Section 179, 168 or Fully Depreciated Assets	Net Taxable Value (C + D = E)

SECTION 4: Under penalty of law, I certify that the information contained herein, and any accompanying documentation, exhibits, schedules and/or statements, is to the best of my knowledge true and complete and made in good faith. I also understand that Horry County officials may inspect and verify my requested abatement(s) with my express permission and that if such submissions are discovered to be false, inaccurate or misleading that actions may be pursued as applicable to rescind the abatements, collect taxes owed, and to bring any legal action permitted under applicable laws, both civil and criminal. SUBJECT TO 10% PENALTY WITHOUT SIGNATURE.

OWNER'S SIGNATURE: _____ PRINT NAME: _____

DATE: _____ TELEPHONE #: _____ FAX #: _____ EMAIL: _____